

SERIAL NUMBER 09/163,807	FILING DATE 09/30/98	CLASS 364	GROUP ART UNIT 2763	ATTORNEY DOCKET NO. RYA-118/TIP/		
APPLICANT DAVID R. L. WORTHINGTON, LA HONDA, CA; STEPHEN J. BROWN, WOODSIDE, CA.						
**CONTINUING DOMESTIC DATA***** VERIFIED THIS APPLN IS A CON OF 08/781,278 01/10/97 ✓						
**371 (NAT'L STAGE) DATA***** VERIFIED ✓						
**FOREIGN APPLICATIONS***** VERIFIED ✓						
FOREIGN FILING LICENSE GRANTED 10/15/98 ***** SMALL ENTITY *****						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Initials <u>MP</u> Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 4
ADDRESS MARK ALBOSZTA LUMEN INTELLECTUAL PROPERTY SERVICES 426 LOWELL AVENUE PALO ALTO CA 94301						
TITLE DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING BLOOD GLUCOSE						
FILING FEE RECEIVED \$831	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			



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Bib Data Sheet

CONFIRMATION NO. 5905

<b>SERIAL NUMBER</b> 09/163,807	<b>FILING DATE</b> 09/30/1998 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> RYA-118/CIP/
<b>APPLICANTS</b> DAVID R. L. WORTHINGTON, LA HONDA, CA; STEPHEN J. BROWN, WOODSIDE, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 08/781,278 01/10/1997 PAT 5,956,501				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 10/16/1998</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 50
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 25315				
<b>TITLE</b> DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING BLOOD GLUCOSE				
<b>FILING FEE RECEIVED</b> 831	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	